



OneCare Vermont Overview Continued

House Committee
on
Health Care

Vicki Loner RN.C, MHCDS, VP & COO
4/11/2019

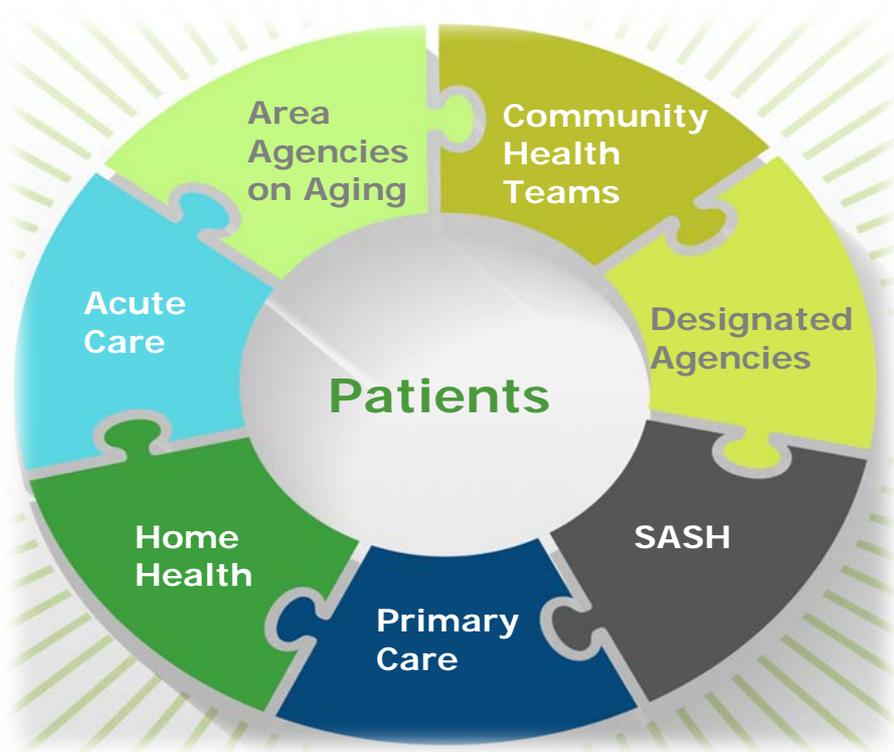


OneCare Vermont
onecarevt.org

Central Components of the Care Coordination Model

Vision:

To provide high-quality, person-centered, community-based care coordination services in an integrated delivery system to achieve optimal health outcomes



Care Coordination Payment Model



- One time annual \$150 payment to TIN of Lead Care Coordinator
- Additional \$10 PMPM to TIN of Lead Care Coordinator

Main Activities:

- Activate and engage patients in care coordination
- Lead development of shared care plan, document in Care Navigator
- Populate care team in Care Navigator
- Coordinate communication among care team members
- Plan & facilitate care conferences

Level 3:
**Patient
Activation &
Lead Care
Coordination Payment**

- Monthly \$15 PMPM to TIN of Continuum of Care Team Member
 - Designated Agency 60%
 - Home Health 45%
 - Area Agency on Aging 25%
 - Primary Care 100%

Main Activities:

- Actively participate on care team
- Contribute to patient-centered shared care plans
- Participate in care team meetings, care conferences, and transitional care planning

Level 2:
**PMPM for Team-Based Care
Coordination**

(Top 16% Medicaid & Medicare; Top 3% BCBS QHP)

Level 1: Community Capacity Payment

One time annual \$25,000 payment per community for project management support: community-specific workflows; workforce readiness & capacity development; analysis of community care coordination metrics, gap analysis and remediation

Shared Care Plan

My Goals

PERSONAL

GOAL	STEPS TO ACHIEVE MY GOAL	PRIORITY	STATUS	PERSON RESPONSIBLE	ACTUAL START DATE	DATE COMPLETED
attend workshop with peers to gain skills on depression	attend workshop with peers to gain skills on depression	Medium	In Progress	Christina Keating		
Complete science project	Complete science project	High	Completed	Patient	9/3/2018	10/8/2018
Eat a vegetable with dinner 5 times/week	Eat a vegetable with dinner 5 times/week	Medium	Completed	Kathleen Camisa	4/5/2018	4/25/2018
Get a wheelchair that can go on trails in the woods	Get a wheelchair that can go on trails in the woods	High	Completed	Patient	10/8/2018	10/8/2018

TREATMENT

GOAL	STEPS TO ACHIEVE MY GOAL	PRIORITY	STATUS	PERSON RESPONSIBLE	ACTUAL START DATE	DATE COMPLETED
Maintain current muscle mass	Maintain current muscle mass	High	In Progress	Patient	8/27/2018	
	Do my exercises morning and night every day.	High	In Progress	Patient	9/3/2018	
	Use my new calendar to record my progress	Medium	In Progress	Patient	9/4/2018	
Process feelings about my decreasing physical abilities and changing relationships with friends.	Process feelings about my decreasing physical abilities and changing relationships with friends.	Medium	In Progress	Patient	9/3/2018	
	Meet with my school counselor weekly.	Medium	In Progress	Patient	9/10/2018	



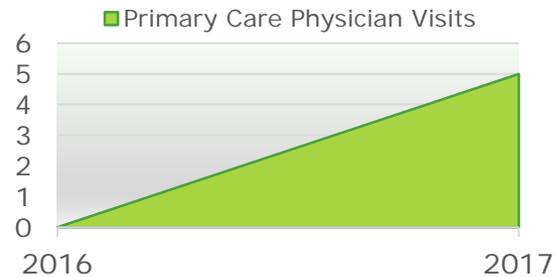
TOM'S STORY

Results from Engagement 2016-2017

Emergency Department visits **decreased**



Primary Care Physician visits **increased**



Total Health Care Costs **decreased by 60%**



Patient profile:

- Patient in his 40s
- Outreach began in June 2017 and patient engaged in care coordination as of September 2017
- Conditions include: Schizophrenia, Coronary Artery Disease, and Hypertension with poor control



“Instead of working in silos
we can approach
this as a system.
We are developing
stronger
relationships.”

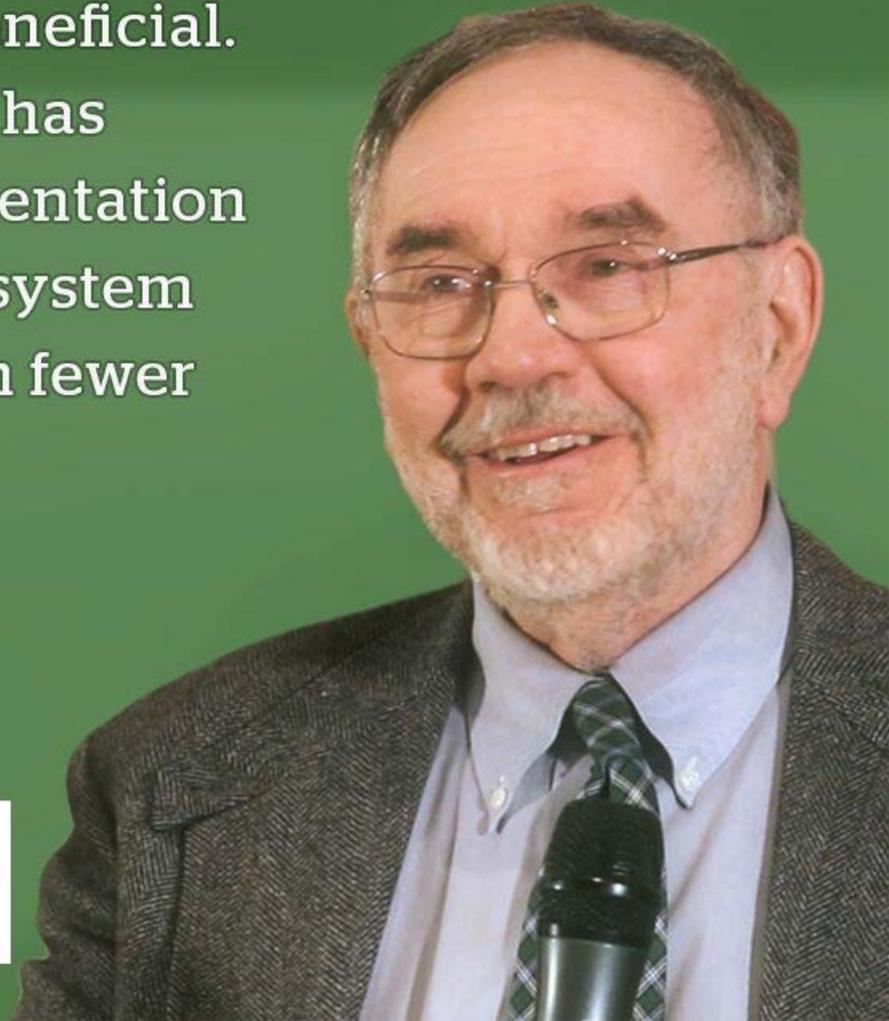
-Jill Lord

*Mount Ascutney Hospital
and Health Center*



“The Care Coordinators that we have hired through OneCare’s program have been extremely beneficial. Care coordination has reduced the fragmentation of the health care system and has resulted in fewer hospitalizations.”

*-Joe Haddock, MD
Thomas Chittenden
Health Center*





“My career as a family practice physician working in Vermont spans nearly two decades. One of the most positive changes I have seen is the creation of OneCare. One of the key aspects of OneCare is to reward primary care providers like me to work with our patients to keep them healthy rather than treating them only when they are sick. This approach is an effort to move away from the current fee-for-service system and move us to a value-based system focused on improving quality and promoting wellness by focusing on primary care for Vermonters.”



Carrie Wulfman, MD
Primary Care Provider, Primary Care
Brandon, VT



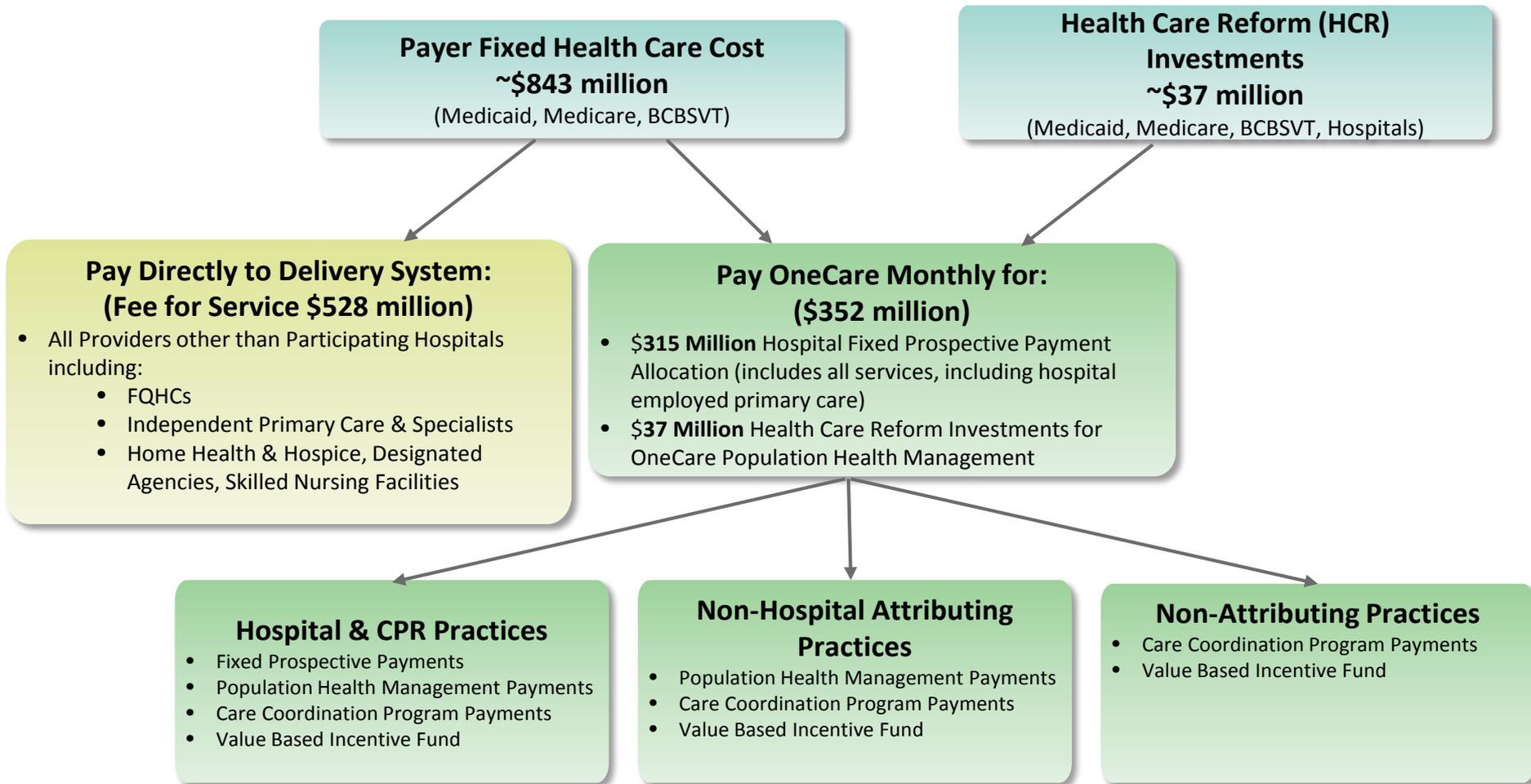


Working to Reduce Administrative Burden

- ✓ Quality Measure Alignment and Reduction
- ✓ Skilled Nursing Facility, Telemedicine, and Home Health Waivers
- ✓ Prior Authorization Waivers for Medicaid

2019 Quality Measure	Medicare	Medicaid	BCBS OHP	UVMMC SF	Domain
Follow-Up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence (NQF)	x				Claims
30 Day Follow-Up after discharge from the ED for Alcohol and Other Drug Dependence (HEDIS FUA)		x	x	x	Claims
30 Day Follow-Up after Discharge from the ED for Mental Health (HEDIS FUM)		x	x	x	Claims
Risk Standardized, All Condition Readmission (ACO #8)	x				Claims
Adolescent Well-Care Visits (HEDIS AWC)		x	x	x	Claims
All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions (ACO#38)	x	x			Claims
Developmental Screening in the First Three Years of Life (NQF)		x	x		Claims
Initiation of Alcohol and Other Drug Dependence Treatment (NQF, HEDIS IET)	x	x			Claims
Engagement of Alcohol and Other Drug Dependence Treatment (NQF, HEDIS IET)	x	x			Claims
Initiation & Engagement of Alcohol and Other Drug Dependence Treatment (Composite) (HEDIS IET)			x	x	Claims
ACO All-Cause Readmissions (HEDIS PCR)			x	x	Claims
Follow-Up After Hospitalization for Mental Illness (7 Days) (HEDIS FUH)		x	x	x	Claims
Influenza Immunization (CMS 147v6)	x				Clinical
Colorectal Cancer Screening (CMS 130v5)	x				Clinical
Tobacco Use Assessment and Cessation Intervention (CMS 138v5)	x	x			Clinical
Screening for Clinical Depression and Follow-Up Plan (CMS ACO 18)	x	x	x	x	Clinical
Diabetes HbA1c Poor Control (>9.0%) (CMS 122v5, HEDIS)	x	x	x		Clinical
Hypertension: Controlling High Blood Pressure (ACO #28, HEDIS)	x	x	x	x	Clinical
CAHPS Patient Experience	x	x	x		Survey

OneCare Vermont Financial Flow



Value-Based Care Settlement

After the year is over, there is a reconciliation between the payer and OneCare

- This can result in a payment to the providers (shared savings) or a payment back to the payer (shared losses or “risk”)
- As a protection for both parties, there are limits to the size of the reconciling payments

2019 Estimates	Medicare	Medicaid	BCBS QHP
Spending Target	\$581,000,000	\$211,000,000	\$99,000,000
Max Effective Shared Savings or Losses Rate	5%	4%	3%
Max Shared Savings or Losses	+/- \$29.0M	+/- \$8.4M	+/- \$3.0M

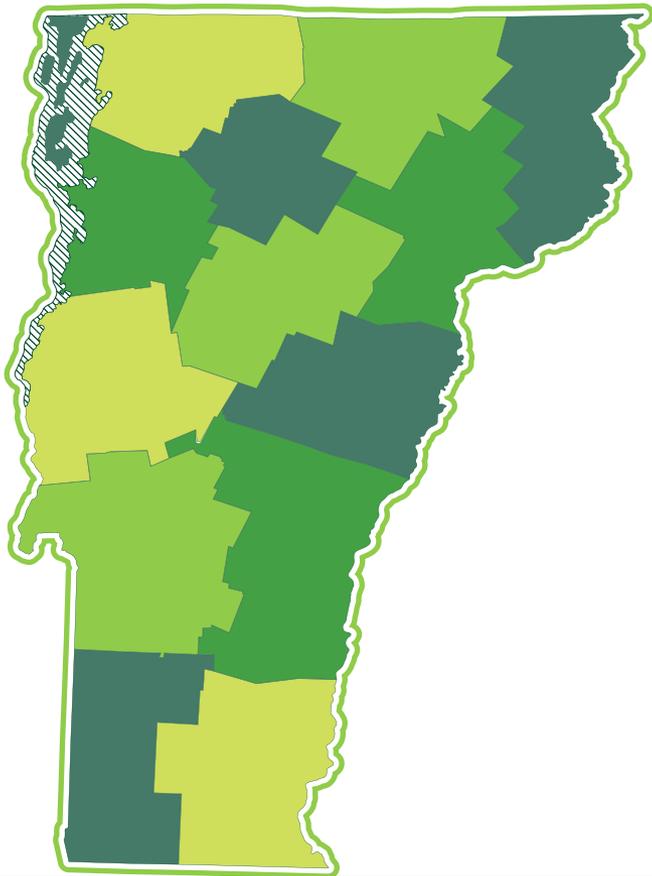
BCBSVT based on paid amount

Appendix



Report on Medicaid Accountable Care Organizations in Four States: Implementation and Early Impacts

THE
MILBANK QUARTERLY
A MULTIDISCIPLINARY JOURNAL OF POPULATION HEALTH AND HEALTH POLICY

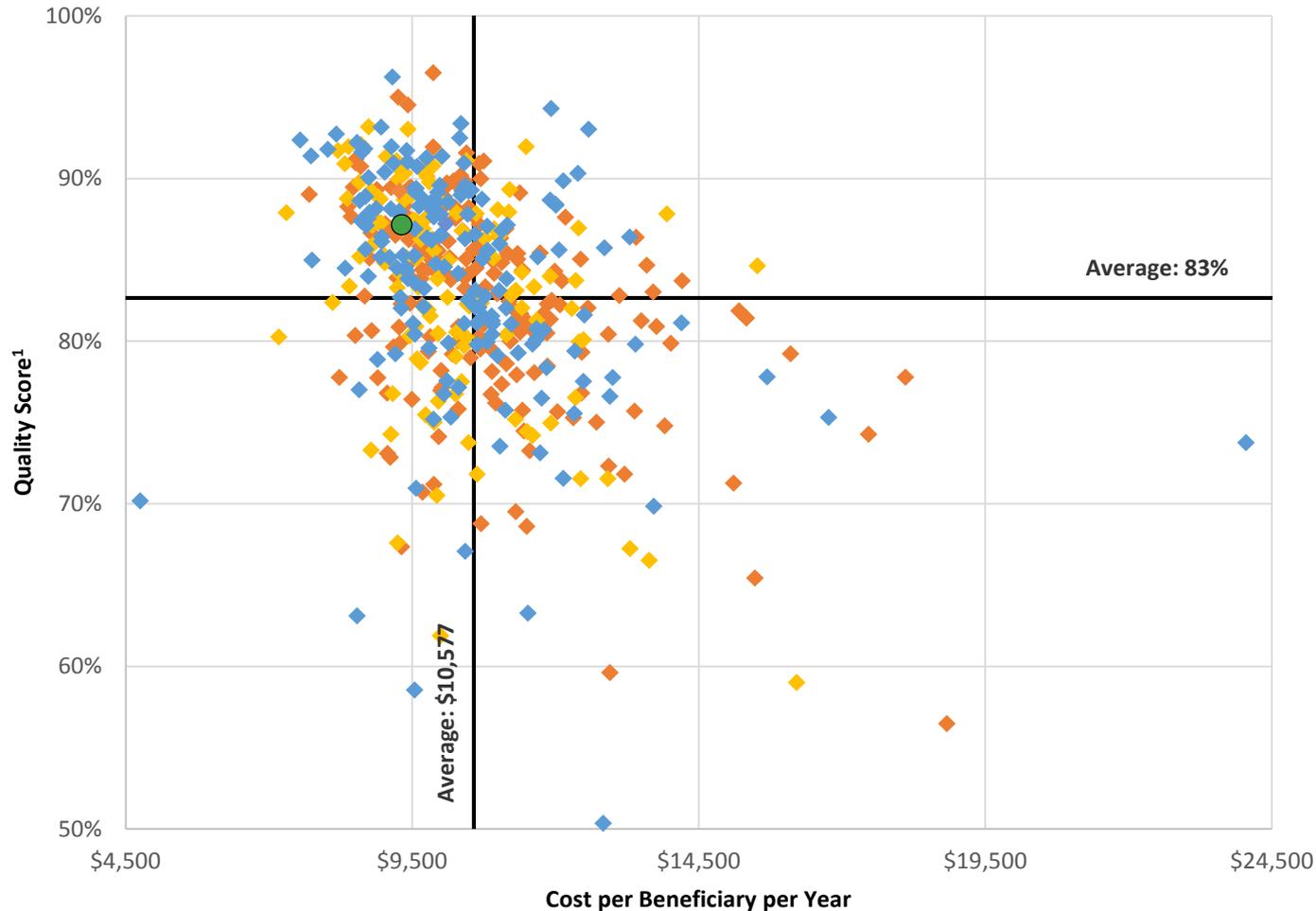


"Only Vermont's ACO demonstrated slower growth in total Medicaid expenditures...Vermont experienced the greatest number of statistically significant reductions or slower growth across expenditure categories."

"In practice, Vermont was the only state to achieve significant coordination across payers: Vermont made significant efforts to align operational aspects of its Medicaid and commercial ACO shared savings programs with the Medicare Shared Savings Program."



MSSP ACO Cost vs. Quality 2017 Results



- ◆ ACOs receiving shared savings distribution
- ◆ ACOs beat target but did not earn shared savings
- ◆ ACOs that did not beat target
- OneCare Vermont (did not beat target)

ACOs receiving shared savings distributions 159

ACOs beat target but did not earn shared savings 125

ACOs that did not beat target 188

TOTAL 472

211 ACOs were above OCV's cost per beneficiary and beat their targets or generated Shared Savings

Footnotes

¹ This figure is calculated internally as if all measures were performance scored rather than any pay-for-reporting; this calculation will more closely match the CMS-Calculated figure over time as CMS decreases the pay-for-reporting component (score does not include quality improvement points).

² Genesis Healthcare ACO, LLC; SEMAC; Accountable Care Coalition of Western Georgia, LLC; AmpliPHY of Texas ACO LLC; Sandhills Accountable Care Alliance, LLC; and KCMAPA-ACO, LLC are not shown on the graph due to outlier status in cost or quality.

2019 Attribution Summary by Payer

	Medicare	Medicaid	BCBSVT Commercial
Attributable Populations	<ul style="list-style-type: none"> Medicare eligible Includes those with dual eligibility Excludes those with Medicare Advantage plans 	<ul style="list-style-type: none"> Medicaid eligible Excludes those with dual eligibility Excludes those with a limited Medicaid benefit plan (ie, Rx only) 	<ul style="list-style-type: none"> Qualified Health Plan only Does not include those enrolled in self-funded or employer-sponsored plans
Attribution Type	Prospective with quarterly retroactive removal of ineligible patients to start of performance year	Prospective with monthly removal of ineligible patients -- may return if become eligible for Medicaid again	Prospective with monthly removal of ineligible patients – may return if become eligible for BCBSVT again
Look Back Period	2 Years 7/1/2016 - 6/30/2018	2.5 Years 1/1/2016 - 6/30/2018	2 Years Calendar Year 2017-2018
Patient Attributed to Provider with...	Highest weighted allowed charges* for QEM ⁺ services during the lookback period (Year 2 weighted twice as heavily)	Highest weighted allowed amount* for QEM ⁺ services during lookback period (2nd half weighted twice as heavily)	<ul style="list-style-type: none"> If plan requires PCP selection, member attributed to PCP; otherwise highest number of QEM⁺ services during lookback period
Attribution to Advanced Practice Providers (APP)	Yes	Yes	Yes
Patient visit required during look back to be attributed	Yes	Yes	No
Primary care visit with DOCTOR required during lookback to be attributed	No	No	No
Eligibility/Plan Categories	ESRD, Aged/Disabled	ABD (Child and Adult), Consolidated Adult, Consolidated Child; No newborns	Platinum, Gold, Silver, Bronze, Catastrophic

* **Allowed Amount/Charges:** The amount paid by the insurer plus the amount the patient is responsible for paying (deductible, coinsurance, etc.)

+ **QEM Services:** Qualified Evaluation and Management services

OneCare Vermont Tax Status

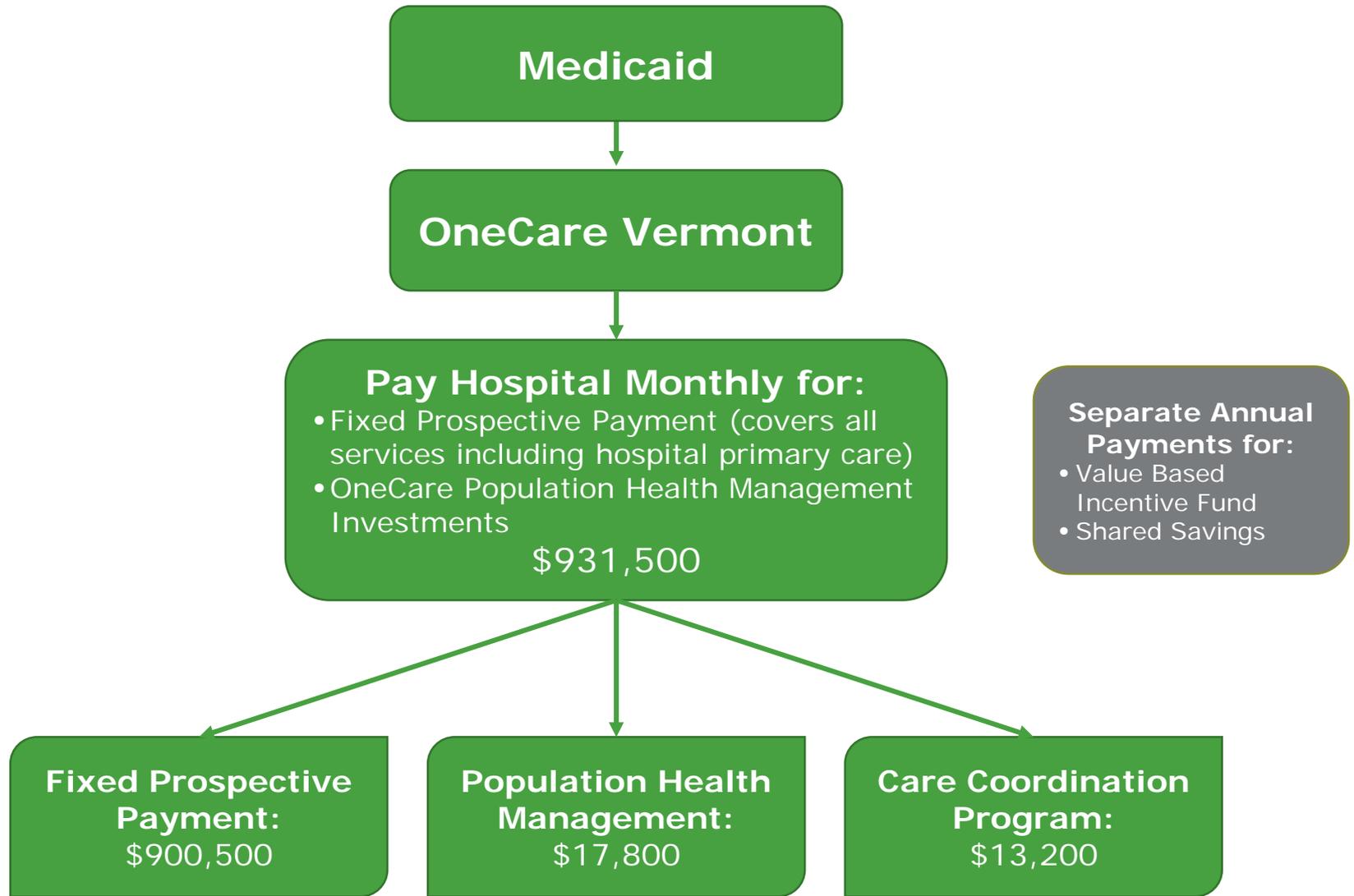
OneCare is not operated to make profits. We are provider led and operate in alignment with the non-profit missions of our founders and the many providers who participate. OneCare budgets to break even and surpluses are either added to reserves that are required by regulators or distributed to provider participants who have met the standards for delivering high quality care.

Although we believe that OneCare could fulfill the tax exempt non-profit requirements, as a strong provider led LLC, it is not eligible for Vermont non-profit status. Unique restrictions in Vermont law do not allow non-profits to have more than 49% of their Board financially interested. ACO regulations require that 75% of the Board be provider representatives, and providers can receive savings and funding from the ACO.

Looking Ahead in 2019

- ❖ Comprehensive Payment Reform Expansion for Independent Primary Care
 - *Expanding sites from 3 to 9*
 - *Further reducing prior authorization requirements for Medicaid*
- ❖ Developmental and Legal Collaboration for Everyone (DULCE) Pilots
 - *Parent Child Center Partnership at 3 new sites in Franklin, Windsor, Chittenden County*
- ❖ Community Led Innovation Pilots
- ❖ St. Johnsbury Accountable Community for Health
 - *Geographic focus to further invest in prevention interventions and expand care model to new populations*
- ❖ Specialty Payment Investments to Improve Access and Strengthen Integration between primary and specialty care
- ❖ Expanding Benefit Enhancement Waivers (Home Health, SNF, and Telemedicine)

Medicaid Funds Flow – Example Hospital



OneCare Vermont Board of Managers

Seat	Individual
Community Hospital-Critical Access	Dan Bennett – CEO Gifford Health Systems
Community Hospital - PPS	Jill Berry-Bowen - CEO Northwestern Vermont Health Care
UVM Health Network	John Brumsted, MD - Chief Executive Officer
Consumer (Medicare)	Betsy Davis - Retired Home Health Executive
At-Large (Risk Strategy Committee)	Tom Dee - CEO Southwestern Vermont Medical Center
At-Large	Steve Gordon - CEO Brattleboro Memorial Hospital
Independent Primary Care Physician	Joseph Haddock, MD- Thomas Chittenden Health Care
Mental Health/Designated Agency	Tomasz Jankowski - CEO Northeast Kingdom Human Services
UVM Health Network	Todd Keating - Chief Financial Officer
Dartmouth-Hitchcock Health	Sally Kraft, MD – Vice President of Population Health
Dartmouth-Hitchcock Health	Steve LeBlanc - Executive Vice President
UVM Health Network	Steve Leffler, MD - Chief Population Health Officer
Consumer (Medicaid)	Sierra Lowell – Nursing Student
Skilled Nursing Facility	Judy Morton - Regional Executive Director Genesis
FQHC	Pamela Parsons - Executive Director Northern Tier Center for Health (NOTCH)
Dartmouth-Hitchcock Health	Joe Perras, MD - CEO Mt. Ascutney Hospital
Home Health	Judy Petersen - CEO VNA of Chittenden/Grande Isle Counties
Independent Primary Care Physician	Toby Sadkin, MD - Primary Care Health Partners
Consumer (Commercial)	John Sayles - CEO Vermont Foodbank
FQHC	Grant Whitmer – Executive Director of Community Health Centers of the Rutland Region

Network Participation

Health Service Area	Home Hospital	2017	2018	2019
Burlington	UVM Medical Center	Medicaid	All Risk Programs	All Risk Programs
Berlin	Central Vermont Medical Center	Medicaid	All Risk Programs	All Risk Programs
Middlebury	Porter Medical Center	Medicaid	All Risk Programs	All Risk Programs
St. Albans	Northwestern Medical Center	Medicaid	All Risk Programs	All Risk Programs
Brattleboro	Brattleboro Memorial Hospital		All Risk Programs	All Risk Programs
Springfield	Springfield Hospital		All Risk Programs	All Risk Programs
Lebanon	Dartmouth Hospital and Clinic		Medicaid and BCBSVT	Medicaid and BCBSVT
Bennington	Southwestern VT Medical Center		Medicaid	All Risk Programs
Windsor	Mt Ascutney Hospital		Medicaid	All Risk Programs
Newport	North Country Hospital		Medicaid	Medicaid
Rutland	Rutland Regional			Medicaid
St. Johnsbury	Northeastern Regional Hospital			Medicaid
Randolph	Gifford Medical Center			Medicaid
Morrisville	Copley Hospital			
Townshend	Grace Cottage			

Green: Advancing participation from prior year

Key Additions & Changes:

- Bennington and Windsor advancing to participation in all risk programs
- Randolph, Rutland, and St. Johnsbury participating in Medicaid for the first time
- Newport maintaining Medicaid-only participation due to a recent leadership change
- Expansion includes six FQHCs

2019 OneCare ACO Community of Providers



Multiple Payer Programs (Medicare, Medicaid, Commercial)

Medicaid Only

HSA	Bennington	Berlin	Brattleboro	Burlington	Lebanon	Middlebury	St. Albans	Springfield	Windsor	Newport	Randolph	Rutland	St. Johnsbury
Hospital	Southwestern VT Medical Center	Central Vermont Medical Center	Brattleboro Memorial Hospital	UVM Medical Center	DHMC	Porter Medical Center	Northwestern Medical Center	Springfield Hospital	Mt. Ascutney Hospital	North Country Hospital	Gifford Medical Center	Rutland Regional	Northeastern Regional
FQHC				CHCB****			NOTCH	SMCS			Gifford Health Care	CHCRR	Northern Counties Health Care
Indep. Primary Care	5 Organizations		1 Organization	11 Organizations		2 Organizations	2 Organizations		1 Organization		1 Organization		
Indep. Specialist	4 Organizations	3 Organizations		10 Organizations	1 Organization	3 Organizations	3 Organizations			1 Organization			
Home Health	VNA & Hospice of the Southwest Region**, Bayada*	Central VT Home Health & Hospice	VNA of VT and NH; Bayada*	UVM Health Network Home Health & Hospice; Bayada*	VNA of VT and NH	Addison County Home Health & Hospice	Franklin County Home Health Agency	VNA of VT and NH	VNA of VT and NH	Orleans Essex VNA & Hospice	VNA of VT and NH	VNA and Hospice of the Southwest Region**	Lamoille Home Health Agency (Hardwick); Caledonia Home Health & Hospice***
SNFs	2 SNFs	3 SNFs	3 SNFs	3 SNFs		1 SNF	3 SNFs	1 SNF	1 SNF	2 SNFs		3 SNFs	1 SNF
DAs	United Counseling Service of Bennington County	Washington County Mental Health	Health Care and Rehabilitation Services of Southeastern Vermont	Howard Center	Health Care and Rehabilitation Services of Southeastern Vermont	Counseling Service of Addison County	Northwestern Counseling & Support Services	Health Care and Rehabilitation Services of Southeastern Vermont	Health Care and Rehabilitation Services of Southeastern Vermont	Northeast Kingdom Human Services	Clara Martin Center	Rutland Mental Health Services	Northeast Kingdom Human Services
Other	1 Spec. Svc. Agency	1 Naturopath 1 Spec. Svc. Agency	1 Other (Brattleboro Retreat)	3 Naturopath 1 Spec. Svc. Agencies	1 Other (DH Clinic)	1 Naturopath		1 Spec. Svc. Agency				1 Naturopath	

OneCare has Collaborator Agreements with AAAs across Vermont as well as with the SASH Program

*Bayada serves the entire state of Vermont, these are the communities where there are main offices

** VNA & Hospice of the Southwest Region services both the Bennington and Rutland HSAs

*** Part of Northern Counties Health Care

**** CHCB participates in Medicare and Medicaid only

Updated 01-30-19